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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

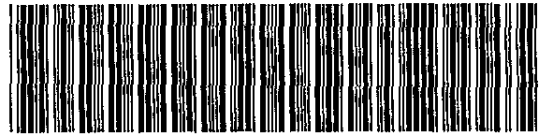
(Business Entity Name)

(Document Number)

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CB 7-9-06

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE FUNDING DEPOT INC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

YEHUDA LEFKOWITZ
(Name of Person)
THE FUNDING DEPOT INC
(Firm/Company)
11 HARRISON AVENUE SUITE 101
(Address)
BROOKLYN NY 11211
(City/State and Zip code)

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TALLAHASSEE, FLORIDA
15 FEB -5 11 30 AM '51

For further information concerning this matter, please call:

Yehuda Lefkowitz at (718) 302-2222 Ext. 216
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. The Funding Depot Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. Tax ID# 113455833
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-5-1998 5. N/A
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11 Harrison Avenue, Brooklyn NY 11211
(Principal office address)

11 Harrison Avenue, Brooklyn NY 11211
(Current mailing address)

8. Mortgage Banker firm
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Abraham Lefkowitz

Office Address: 1107 40 NE 9th Ave. #406
North Miami, Florida 33162
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X Abraham Lefkowitz
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

FILED
FEB 15 11 31 AM '11
TALLAHASSEE, FLORIDA

B. OFFICERS

President: Yehuda Lefkowitz

Address: 11 Harrison Avenue Suite 101
Brooklyn NY 11211

Vice President: N/A

Address: _____

Secretary: N/A

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X *Yehuda Lefkowitz*
(Signature of Director or Officer listed in number 12 of the application)

14. Yehuda Lefkowitz
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of THE FUNDING DEPOT INC. was filed on 10/05/1998, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 10/16/2000.

A Biennial Statement was filed 09/26/2002.

A Biennial Statement was filed 02/10/2005.

I further certify, that no other documents have been filed by such Corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 30th day of December
two thousand and five.*

Daniel Shapiro
Special Deputy Secretary of State

RECEIVED
DEPARTMENT OF STATE
ALBANY, NEW YORK
DEC 30 2005 11:09:55
7-1-05